

TCU AT UVRMC
1034 NORTH 500 WEST
PROVO UT 84604
STATE'S REGION CODE: 001

PROVIDER #: 465120
PHONE NUMBER: (801) 357-7026
PARTICIPATION DATE: 03/22/1989 CERTIFIED: 16

FACILITY BEDS
TOTAL: 16
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: NONPROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 03/17/2005	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 16
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TOTAL: 10	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 8	SUSPENSION RESCINDED:	-- -- --
MEDICAID: 0		16
OTHER: 2		

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
08/2002		05/2003		04/2004		03/17/2005			
				X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

EDITION OF LSC APPLIED
85 NEW 85 NEW 2000 EXIS2000 EXIS
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE
SURVEY SURVEY SURVEY SURVEY OF CORRECTION
08/2002 05/2003 04/2004 03/17/2005
X
K0018-CORRIDOR DOORS
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	1	0	0
HEALTH TOTAL	0	1	0	0
LIFE SAFETY CODE	0	1	0	1
LIFE SAFETY CODE + HEALTH	0	2	0	1

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY